organisa Maria Winni sheet.

	· · · · · · · · · · · · · · · · · · ·			2	Suggested Review Claims Co				fram			÷		
• •				ormali	h, Ro	uu Waiv	Clair	ns C	ount	Shee	ŧ			
	, 14	i 0 C	42 23	OHHAII 28	ty ive	AfCAL			·		Date:			<del>(2,2,1,1)</del> , .
Case N	POR ASSE	I EX LOS		AS FILE	NEW S		(A) II	Dil s		15.A31			(A)	
116.2	hole	Dan.	310,	動向限壓	ADD 2	NO. 8	ng ass	198 P.E.	SKOKING.	es lines	DESCRIPTION	161	TITING E	station.
1			41		-	81			121			162	<del></del> -	
2		1	42			82			123			163		
3		21	43			83			123			164		
4	<u> </u>		44		-	84			125			165		
Ś		<u> </u>	45			85			126			166		
6.			46	<del></del>		86			127			167	·	
7		>-	47			87			128			168		
8		<u> </u>	48			88			129			169		
9	<del>- ( '</del>		49	· <del>·</del>		90			130			170		
10	<u> </u>	<u></u>	50			91			131			171		
11		<u> </u>	51			92			132			. 172		
12	/	ļ	52	— <del>`</del>		93			133			173		
13	/	<del></del>	53			94			134			174		
14	<u> </u>	ļ	54			95			135			175		
15	$\langle \rangle$	<u> </u>	55			96			136			176		·
16	<del>\</del>	<del> </del>	56			97			137			177		
17	1-7	<del>                                     </del>	57	<del></del>		98			138			178		
18	1-7		58			99			139			179		
19	<del>  </del>	$\overline{}$	59			100			140		ļ	180		
20	<del> /</del>	<del>//</del>	60			101			141		<u> </u>	181		
21	<del>                                     </del>	4	62			102			142	ļ		182		
22	<del>                                     </del>	<del> </del>	63			103			143	<b></b>	<u> </u>	183		<del> </del>
23	+/-	<del> </del>	64			104			144	<u> </u>	<u> </u>	. 184	<del> </del> -	<del> </del> -
24	11	1	65			105			145	<del> </del>	<del></del>	185	<del> </del>	╁
25	1	<del>/</del>	66			106		1/2	146	<del> </del>		186	<del> </del>	<del> </del> -
26 27	+	1	67			107		ļ	147			187	<del> </del>	<del> </del>
28	1/		68			108		-	148	<del></del>	4	188	<del> </del> -	<del> </del>
29	1	1	69			109		<del> </del>	149		<del></del>	189	+	1
30	1	1	70			110		<u> </u>	150			190	<del>                                     </del>	1
31	<del>                                     </del>	/	71			111		<del> </del>	151		_+	192		-
32			72			112		<del> </del>	152			193		
33	1//		73			113		ļ	153			194		
34	101		74			114		<del> </del>	154			195	+	
35	1		75			115			155		. }	196		
36	$\uparrow \rightarrow$		76			116			156			197		
37	1		77			117			157			198	<u> </u>	
38			78	`		118			158			199	- 1	
39			79		<b> </b>	119			160			200		_
40			80			120			T. Ir			T. In	d.	- 4
T. In	d. Z		T. Inc	1.		T. Ind.	<del> </del>	┥ ੍-	T. D		<b>⊣</b> ←	T. D	ер	ヿ゚
T. D		<u> </u>	T. De	р	~	T. Dep	4	-   `			-	Tota	_	
Tota	_   _		Total		1	Total	<u> </u>		Tota			سنسنا		

Total

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10672 238

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			6					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	7 min	us 20=	* Ø			X\$ 9=		OR	X\$18=		
INE	EPENDENT CL	AIMS	2 mir	nus 3 =	* Ø			X42=		OR	X84=		
ML	LTIPLE DEPEN	DENT CLAIM PI	PRESENT /					+140=		OR	+280=	280	
* If	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2				TOTAL		OR	TOTAL	200	
CLAIMS AS AMENDED - PART II								•		i	OTHER THAN		
	Tensing declaration and a control	(Column 1)	(Column 2)			(Column.3)				OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		1	+140=		OR	+280=		
L										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDII. I CC		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	]=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ļ	RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>VME</b>	Independent	*	Minus	***		=	1	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		1	1140-			+280=		
		mn 1 is less than t					į	+140= TOTAL		OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													